## 1160000 71646

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone#	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor	
CI ID IE	Corporate C	Cup Celebrity Challenge
SUBJE	۱:	Name of Limited Liability Company
The enc	losed Articles of	Amendment and fee(s) are submitted for filing.
Please r	eturn all correspo	ondence concerning this matter to the following:
		Desmond Clark
		Name of Person
		Corporate Cup Celebrity Challenge
		Firm/Company
		7441 Jessamine Dr.
		Address
		Lakeland, FL 33810
		City/State and Zip Code
		dclark@corporatecupcelebritychallenge.com  E-mail address: (to be used for future annual report notification)
		· ·
For furt	ner information c	oncerning this matter, please call:
Desmor	nd Clark	863 5815161 at ( )
	Name o	of Person Area Code Daytime Telephone Number
Enclose	d is a check for th	he following amount:
\$25	00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Corporate Cup Celebrity Challenge LLC  (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.	<del>)</del>	
the Articles of Organization for this Limited Liability Company were filed on April 11, 2016  lorida document number L16000071646		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		至 2 2	
		TO H III	
Enter new mailing address, if applicable:	333 S Wabash	25 5	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 2700	ÖM O	
	Chicago, IL 60604		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	office address on our records,	enter the name of the	
New Registered Office Address:	Enter Florida street address		
<del> </del>	, Flor	ida	
N. B. C. L. G. C.	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Debra Wold	333 S Wabash Ave. Suite 2700	🛱 Add
	•	Chicago, IL 60604	Remove
			Change
			Add
			Remove
		·	
			☐ Add
			☐ Remove
			□ Change
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ffective date, if other than the da an effective date is listed, the date must be lote: If the date inserted in this block	te of filing: specific and cannot be prior to date of filing or more than does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0 ements, this date will not be listed
Affective date, if other than the date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Depar	does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.6 ements, this date will not be listed
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